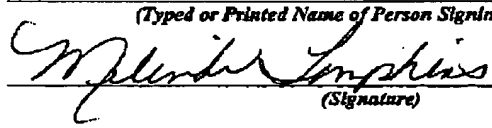
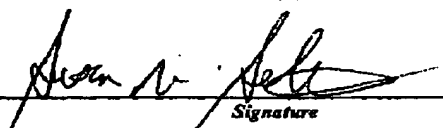


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) Applicant(s): MIR A. IMRAN			Docket No. 4004.10-4
Application No. 10/691,880	Filing Date OCTOBER 23, 2003	Examiner JASTRZAB, JEFFREY R.	Group Art Unit 3762
Invention: GASTRIC TREATMENT AND DIAGNOSIS DEVICE AND METHOD			
RECEIVED CENTRAL FAX CENTER JUN 20 2006			
<p>I hereby certify that this <u>SUPPLEMENTAL AMENDMENT</u> <small>(Identify type of correspondence)</small></p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>(571) 273-8300</u>)</p> <p>on <u>JUNE 20, 2006</u> <small>(Date)</small></p> <p style="text-align: center;"><u>MELINDA TOMPKINS</u> <small>(Typed or Printed Name of Person Signing Certificate)</small></p> <p style="text-align: center;"> <small>(Signature)</small></p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>			

P18/REV02

TRANSMITTAL LETTER (General - Patent Pending)				Docket No. 4004.10-4	
In Re Application Of: MIR A. IMRAN					
Application No. 10/691,881	Filing Date 10/23/2003	Examiner JEFFREY R. JASTRZAB	Customer No. 23308	Group Art Unit 3762	Confirmation No. 9003
Title: GASTRIC TREATMENT AND DIAGNOSIS DEVICE AND METHOD					
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<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is:					
1. CERTIFICATE OF TRANSMISSION BY FACSIMILE; 2. TRANSMITTAL LETTER; AND 3. AMENDMENT.					
in the above identified application.					
<input type="checkbox"/> No additional fee is required. <input type="checkbox"/> A check in the amount of _____ is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 16-1331 as described below. <input type="checkbox"/> Charge the amount of _____ <input type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional fee required. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 _____ <i>Signature</i>			Dated: JUNE 20, 2006		
SUSAN M. SCHMITT (REG. NO. 34,427) PETERS, VERNY, JONES, SCHMITT & ASTON LLP 425 SHERMAN AVENUE, SUITE 230 PALO ALTO, CA 94306 TEL: (650) 324-1677 FAX: (650) 324-1678			<div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence </div>		
CC:					

P16A/REV03

4004.10-4

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICEIn re Application of
MIR A. IMRAN, ET AL.

Group Art Unit: 3762

Examiner: Jeffrey R.
Jastrzab

Serial No.: 10/691,880

Customer No.: 23308

Filed: October 23, 2003


Confirmation No.: 9003

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JUN 20 2006Title: GASTRIC TREATMENT AND DIAGNOSIS DEVICE AND METHODMail Stop Amendment
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I hereby certify that this correspondence is being transmitted via Telefax to telefax number 571-273-8300 addressed to: Commissioner of Patents and Trademarks, Washington, D.C. 20231 on June 20, 2006.


Melinda A. TompkinsAMENDMENT

This Amendment is being filed in response to the Office Action dated June 12, 2006 and/or pursuant to an Interview with Examiner on June 19, 2006.

Please amend the claims as follows: